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JUN 03 2005

Atty Docket No. 02307O-099910US

PTO FAX NO.: 703 872 9306

ATTENTION: Examiner KUBELIK, Anne R.

Group Art Unit 1638

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER KUBELIK, Anne R.**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of FISCHER et al., Application No. 09/840,743, filed April 23, 2001 for METHODS FOR MODULATING FLORAL ORGAN IDENTITY, MODULATING FLORAL ORGAN NUMBER, INCREASING OF MERISTEM SIZE, AND DELAYING FLOWERING TIME are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Trans. Form
2. Petition for Extension of Time
3. Fee Transmittal
4. Response Under 37 CFR 1.116, Expedited Procedure Examining Group
5. Terminal Disclaimer
6. (Copy of) Postcard stamped by the OIPE
7. (Copy of previously submitted) Trans. Form
8. (Copy of previously submitted) Power of Attorney
9. (Copy of previously submitted) Assignment
10. (Copy of previously submitted) Statement Under 37 CFR 3.73(b)

Number of pages being transmitted, including this page: 19

Dated: June 3, 2005



Patricia Andrews

Patricia Andrews

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 415-576-0200
Fax: 415-576-0300

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PTO/SB/21 (08-04)

TRANSMITTAL
FORM

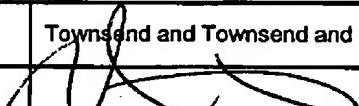
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/840,743
Filing Date	April 23, 2001
First Named Inventor	Fischer, Robert L.
Art Unit	1638
Examiner Name	KUBELIK, Anne R.
Attorney Docket Number	02307O-099910US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Terminal Disclaimer, copies of previously filed postcard, Trans. Form, Power of Attorney by Assignee and Exclusion of Inventors, Assignment, Statement Under 37 CFR 3.73(b)
	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Matthew E. Hinsch		
Date		Reg. No.	47,651

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on June 3, 2005.

Signature	Patricia Andrews		
Typed or printed name	Patricia Andrews	Date	June 3, 2005

60507798 v1

PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 65)

<i>Complete If Known</i>	
Application Number	09/840,743
Filing Date	April 23, 2001
First Named Inventor	Fischer, Robert L.
Examiner Name	KUBELIK, Anne R.
Art Unit	1638
Attorney Docket No.	02307O-099910US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
-20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20				200	100
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
-3 or HP =	x	=		360	180
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Statutory Disclaimer Fees Paid (\$) 65

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 47,651	Telephone 415-576-0200
Name (Print/Type)	Matthew E. Hinsch		Date June 3, 2005

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On June 3, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Patricia Ames

**AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE –
EXAMINING GROUP 1638**

PATENT

Attorney Docket No.: 02307O-099910US

Client Ref. No.: 99-404-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

FISCHER et al.

Application No.: 09/840,743

Filed: April 23, 2001

For: METHODS FOR MODULATING FLORAL ORGAN IDENTITY, MODULATING FLORAL ORGAN NUMBER, INCREASING OF MERISTEM SIZE, AND DELAYING FLOWERING TIME

Customer No.: 20350

Confirmation No. 5027

Examiner: KUBELIK, Anne R.

Technology Center/Art Unit: 1638

**RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE EXAMINING
GROUP 1638**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed May 6, 2005 on the above-referenced application, please enter the following remarks. A petition to extend the deadline for response for two months, from April 6, 2005 through June 6, 2005, accompanies this Amendment.

Remarks/Arguments begin on page 2 of this paper.